

Disrupted social connectedness in people with Parkinson's disease

Mohammad Ali Soleimani, Reza Negarandeh, Farideh Bastani, Ryan Greysen

Mohammad Ali Soleimani is a PhD candidate in Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran; Reza Negarandeh is Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran; Farideh Bastani is Associate Professor in Public Health Nursing Dept. & Geriatrics Nursing Dept. School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran; Ryan Greysen is Assistant Professor, UCSF Division of Hospital Medicine, University of California, San Francisco, USA

Email: rnegarandeh@tums.ac.ir

Parkinson's disease (PD) is a neurodegenerative and incurable chronic illness that has a major impact on health and quality of life (Playfer, 2002; Muslimovic et al, 2008). According to studies carried out in 15 countries (western Europe's 5 most populous countries and the world's 10 most populous countries), the number of individuals with PD over the age of 50 was 4.1–4.6 million in 2005, and will double to 8.7–9.3 million by 2030 (Dorsey et al, 2007; Hirtz et al, 2007).

PD prevalence rate in the general population of Iran is 2 per 1000; this rate increases by 10 times for individuals over 65 (2 per 100). Thus, Iran had 150 000–160 000 people with Parkinson's disease (PWPD) in 2013 (Shahidi, 2012). Despite this, there are no formal institutions in Iran for these people to be referred to. Therefore, social interactions between these people are limited and the majority are

treated as outpatients. In cases of serious illness and need for more specialised treatment, they are hospitalised.

Although the symptoms of the condition can be managed to some extent, PD results in progressive disability caused by both motor and non-motor symptoms (Shulman, 2010). As PD progresses, disability often worsens and can have a very significant negative impact on health-related quality of life (Schrag et al, 2000). Additionally, previous research has shown that the progression of PD over time often leads to decreased quality of life resulting from disruption of activities of daily living, loss of employment, disruption of body image and self-esteem and increased psychological distress (Schrag, 2006; Muslimovic et al, 2008; Hirayama et al, 2008). To date, very few studies have been conducted investigating the effects of the disease on people's social interactions.

ABSTRACT

A study was conducted to explore the effects of Parkinson's disease on people's social interactions. An exploratory qualitative design was used. Participants were a purposive sample of 10 people with Parkinson's disease who were attending a hospital outpatients' neurology clinic. Data were collected by semi-structured in-depth interviews. All interviews were transcribed and analysed by using conventional content analysis to explore the participants' experiences and perceptions on social interactions, using the central question 'what effect does Parkinson's disease have on people's social interactions?' Analysis revealed that Parkinson's disease affected social interactions by disrupting social connectedness. Social connectedness was disrupted by a number of factors, including 'progressive physical disability, mood disturbances, shrinking of social activities and secluding oneself'. Older adults with Parkinson's disease therefore face a number of challenges to remaining socially connected. It appears that disrupted social connectedness is one of the negative consequences of living with Parkinson's.

KEY WORDS

- ◆ Parkinson's disease ◆ Content analysis ◆ Social interaction
- ◆ Social connectedness

Defining social interaction

The term 'social interaction' is used to refer to the mutual influence of two or more people on one another's behaviour which brings about a relationship. These relations form the basis of the social structure in a community (Kelley et al, 1983). Additionally, social interaction is the ability of two or more social beings to come into contact, communicate or acknowledge one another while each being is aware of the others and keeps them in mind when performing any action (Argyle, 1969). Optimal social interactions therefore require social connectedness.

Social connectedness refers to the relationships that individuals have with others that results in a sense of belonging, social identity, support and comfort, a buffer for stressors, and positive influences on coping with psychological and physical problems (Cohen and Wills, 1985; Sheldon Cohen et al, 2000; Cohen, 2004). Social connectedness also demonstrates the degree of interpersonal closeness experienced between an individual and their social world (Yoon et al, 2012). Some studies have shown that social connectedness and social support have protective effects against morbidity and psychological distress in chronic diseases such as